



STRENGTHENING
At Risk and Homeless
Young Mothers and Children

Supporting Young Homeless Children

New Opportunities Afforded by the Early Childhood Home Visiting Program

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An initiative of the Conrad N. Hilton Foundation, in partnership with The National Center on Family Homelessness, National Alliance to End Homelessness and ZERO TO THREE: National Center for Infants, Toddlers and Families.

Homeless providers and advocates have a new resource to promote the child development and well-being of young homeless children. The Early Childhood Home Visiting Program provides federal funding to states to implement home visiting programs that promote the safety, education, health, and development of low-income and at-risk children in high need communities. Homeless providers and advocates should encourage agencies implementing these programs to actively target these services to children experiencing homelessness.

By helping homeless families get quickly reconnected to housing, homeless service providers are ensuring that parents have the foundation and stability they require to meet their children's needs. But progress in ending homelessness and promoting the well-being of vulnerable families and children is furthered when all the resources that can be used to support them are mobilized and well-coordinated. Connecting families with very young children to home visiting services can improve the long-term outcomes of children and provide additional supports during a traumatic period in children's lives.

This brief provides an overview of the Early Childhood Home Visiting Program, the challenges faced by young homeless children, and how homeless programs and advocates can help connect homeless children to home visiting programs in their communities.

Understanding the Early Childhood Home Visiting Program

The Early Childhood Home Visiting Program, created under the Affordable Care Act, will provide states with \$1.5 billion over five years to implement evidence-based and promising home visiting programs that improve the outcomes of children under the age of five. States are expected to target the resources to communities where the risk of adverse child outcomes is highest, such as communities with high concentrations of poor families. Within high-need communities, states are expected to target households in which children may be at increased risk for poor outcomes. This includes low-income families; pregnant women under the age of 21; households in which a parent has a history of substance abuse or is in need of substance abuse treatment; and families with a history of child abuse, neglect, and interactions with child welfare agencies. To fully engage these vulnerable groups, state and local officials cannot overlook families experiencing homelessness.

States submitted plans to the U.S. Department of Health and Human Services (HHS) identifying the state agency that will be responsible for administering the program, how the funds will be allocated, the communities that will be targeted, and the program models that will be funded. In most states, the public health agency administers the program. The home visiting program may be implemented by a county agency or the funds

re-granted to a nonprofit organization in the community. States are required to spend 75 percent of the funds on home visiting program models that HHS recognizes as evidence-based. HHS recognized eight evidence-based home visiting models (see text box on page 5). States may elect to spend up to 25 percent of the federal funds for promising home visiting programs; however, states that do so must rigorously evaluate the promising model.

While home visiting program models vary widely, all program models offer mobile, voluntary services to parents and young children. The mobile service delivery allows parents and children to receive assistance wherever they are residing or where they feel comfortable receiving services. To effectively reach children at risk of poor outcomes, providers typically adopt a proactive, assertive, and nonjudgmental approach with parents; many are experts in engaging parents who are reluctant to accept services.

The mobile, voluntary service approach is a good match for families who are experiencing homelessness. Services can follow parents and children through multiple transitions, including stays in motels, doubled up situations, shelter programs, and into housing. This offers consistency for children and parents through stressful moves. The proactive, assertive approach many home visiting providers rely on can help ensure families and children are not lost through these multiple transitions but instead remain connected to services during a particularly traumatic time in their lives.

Early Childhood Home Visiting Programs Should Target Services to Homeless Children

Many of the low-income children at risk of adverse outcomes that HHS hopes to impact can be found in homelessness programs. More than half of the children in shelter and transitional housing programs are age 5 and under.¹ Pregnancy and/or parenting an infant increases the risk that low-income women will become homeless, thus contributing to the high number of infants in homelessness programs.²

Very often, the parents of young children experiencing homelessness are themselves very young and have weak social networks. Because they are young, they are unskilled in parenting and other areas. However, many young homeless parents have few extended family members or friends to turn to for support or advice. As many as 30 percent of young homeless mothers were in foster care as children or adolescents, more than double the rate of older women with children who experience homelessness.³ Former foster youth who are homeless and parenting young children are also highly represented among those residing in runaway and homeless youth programs. These parents lack access to adults to assist them with practical problems of parenting. The isolation and stress many new parents experience upon the birth of a child can be greatly magnified when parents are homeless and have such limited supports.

1. U.S. Department of Housing and Urban Development (2011). *2010 Annual Homeless Assessment Report to Congress*. Available at: www.hudhre.info/documents/2010HomelessAssessmentReport.pdf

2. Shinn, M.; Weitzman, B.C.; Stojanovic, D.; Knickman, J.R.; Jiminez, L.; Duchon, L.; James, S.; and Krantz, D.H. (1998). Predictors of homelessness from shelter request to housing stability among families in New York City. *American Journal of Public Health*, 88(10), 1651-1657.

3. Personal communication, Wendy Vaulton, National Center on Family Homelessness. September 30, 2008. Based on re-analysis of data from the Worcester Family Research Project by Wendy Vaulton.

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Frequent mobility and familial stress associated with homelessness can inhibit healthy child development. Parents who are anxious about providing their children a safe place to stay each evening may invest less than they otherwise might on providing adequate stimulation to trigger their children's healthy growth and development. Parents also face difficulties providing the structure and consistency that children require to thrive when they are in shelters or are moving frequently from place to place. With limited support, parents are less able to buffer their children from the trauma associated with housing dislocation and homelessness. Mothers in homeless programs also have high rates of depression that can also threaten the healthy development of children.

Homelessness also increases the risk that children will be placed into foster care. Researchers have found that children of women who have experienced homelessness are at greater risk of being investigated by child welfare agencies, and are placed into foster care and remain in foster care longer than other low-income children of mothers who have never been homeless⁴

Homelessness is traumatic for children of all ages. When parents are under stress and children's environments are not predictable or well structured, children suffer. Helping parents avoid homelessness or reconnect quickly to permanent, sustainable housing is the single best intervention that homeless service providers can offer to improve children's outcomes. However, homeless service providers should also ensure that children and parents are connected to services that will help them thrive over the long-term. Homeless service providers can do this by helping homeless families access home visiting services.

4. Culhane, J.F.; Webb, D.; Grimm, S.; Metraux, S.; and Culhane, D.P. (2003). Prevalence of Child Welfare Services Involvement among Homeless and Low-Income Mothers: A Five-year Birth Cohort Study. *Journal of Sociology and Social Welfare* 30(3), 79-95. Available at: http://works.bepress.com/dennis_culhane/35

Helping Homeless Families Access Home Visiting Services

In the next few years, states will be expanding home visiting services to low-income and other at-risk children. These programs can provide critical support during a particularly traumatic time in a child's life and help buffer young children from some of the negative effects of homelessness. Home visiting programs can also provide ongoing support to vulnerable children long after the families' housing crisis has been resolved to improve the outcomes of young children. Homeless providers should ensure that the homeless families they serve have access to these supportive services to improve the long-term outcomes of children who have experienced homelessness.

Homeless advocates and providers should review their state's Early Childhood Home Visiting Updated State Plan. The plan will provide information about the communities within the state that will be served with the new federal home visiting resources, the models that will be used, and how the funds are allocated. Armed with this information, homeless advocates and providers will be better prepared to build the case that homeless families within the target communities should be explicitly outreached and engaged in home visiting services.

Homeless advocates and providers should identify key stakeholders working on home visiting at the state and local levels to promote the use of home visiting resources for children experiencing homelessness. Advocates should be prepared to educate stakeholders about the prevalence of homeless children in the communities targeted by the new home visiting resources, the services available to homeless families in those communities and the role home visiting programs can play in improving the lives of homeless children and families. Advocates should also monitor implementation of home visiting programs and provide feedback to state and local officials about its success in reaching children who are homeless.

Minimally, organizations serving homeless families should identify quality child development providers in their community that serve low-income families with young children and make families aware of these resources. This can include programs providing early intervention services, child development and parenting support, and quality child care in addition to home visiting programs.

Individual agencies may also wish to craft formalized partnerships with home visiting and other child development focused programs. Cross-system partnerships have been developed through the Strengthening At-Risk and Homeless Young Mothers and Young Children Initiative that demonstrate the potential impact of providing coordinated housing- and child- focused services to vulnerable families. Such partnerships can result in both improved housing and child development services for families served by expediting referrals across the two service sectors.

Examples of home visiting providers and homelessness service programs working together to streamline services can be found in Chicago and in Philadelphia. In Chicago, frontline homeless service providers have been trained to screen children for developmental delays through tools like the Ages and Stages Questionnaire (ASQ). When children appear to have delays, the families are quickly connected to specialized developmental services, including the supports that home visiting programs provide. This early detection and intervention can improve the child's long-term developmental outcomes. A partnership in Philadelphia helps families on the brink of homelessness get connected to prevention and rapid re-housing assistance. The Children's Hospital of Philadelphia's Early Head Start program provides home visiting services to low-income households with very young children. The home visitors frequently identify families with dire housing needs, many living in very precarious housing situations or in places not intended for human habitation. They refer families to the Philadelphia Committee to End Homelessness

SafeHome Program. The SafeHome program aggressively outreaches families who were identified by the home visiting providers to offer assistance to help them stabilize in their existing housing or find a new place to stay. The expansion of home visiting programs in high-need communities provides opportunities for new collaborations to emerge.

Conclusion

Homelessness service providers can improve the long-term outcomes of children and parents by helping them get connected to supports that will continue long after the housing crisis has ended. To achieve this, homelessness service providers should be building bridges with organizations that have the expertise and resources to meet families' service needs. With high numbers of young children experiencing homelessness each year, fostering connections with home visiting providers that can support mother and child seems a critical place to start.

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Evidence-Based Home Visiting Models Identified by HHS:

- **Early Head Start: Home-Based.** The primary focus is on providing quality, flexible, culturally competent child development and parent support services. Early Head Start: Home-Based programs primarily target low-income pregnant women and families with children from birth to three years old.
- **Family Check Up.** This model's primary focus is on promoting child development and school readiness and positive parenting. Family Check Up programs primarily target families with high risk factors. The intervention is designed to be preventive, serving children and parents before challenges emerge.
- **Healthy Families America (HFA).** The primary focus of this approach is to reduce child maltreatment, increase use of prenatal care, improve parent-child interaction and school readiness, ensure healthy child development, promote positive parenting, promote family self-sufficiency, decrease dependency on welfare and other social services, increase access to primary care medical services, and increase immunization rates. It is a long-term intervention; women are enrolled in Healthy Families America programs during pregnancy or before their child turns three months old. Families remain connected to the program until their child reaches kindergarten.
- **Healthy Steps.** The primary focus is on promoting child development and school readiness, and positive parenting practices. It is designed for families with children from birth to age 30 months of age. It is primarily offered in partnership with a pediatric or family medical practice. A health care clinician must be involved.
- **Home Instruction Program for Preschool Youngsters (HIPPY).** This model promotes preschooler's school readiness. It is designed to support parents in instructing young children in the home and supporting their role as educators. Services can be offered for two or three years, lasting until the child reaches age 5. HIPPY programs provide two, one-on-one visits with parents in the home each month and two monthly group meetings for peer support.
- **Nurse-Family Partnership (NFP).** This primary focus of this approach is to improve maternal and child health, pregnancy outcomes, child development, and economic self-sufficiency of families served. The intervention is designed for first-time, low-income mothers. Trained public health nurses provide one-on-one home visits that begin early in the mother's pregnancy and last until the child is two years old.
- **Parents as Teachers.** Its primary focus is on educating parents on child development and improving parenting practices. Parent educators use a curriculum to educate parents. The model may serve families from pregnancy through the child's entrance in kindergarten; however, the duration of services varies widely across programs.
- **Public Health Nursing Early Intervention Program (EIP) for Adolescent Mothers.** Trained public health nurses provide education in health, sexuality, family planning, parenting, life skills, and social supports to pregnant young women (age 14-19). Home visits begin during the second trimester and last until the child is 12 months old.

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Strengthening At Risk and Homeless Young Mothers and Children is generating knowledge on improving the housing, health and development of young homeless and at-risk young mothers and their children.

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For more information on this *Initiative*, please contact The National Center on Family Homelessness, 200 Reservoir Street, Needham, MA; (617) 964-3834 or at www.familyhomelessness.org.



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